REQUIRED SCHOOL IMMUNIZATION STATUS REPORT FOR SCHOOL YEAR 2003-2004

RCW 28A.210

Washington State Department of **Health**

This form collects information on the immunization status of students at your school. Please follow the instructions below and on the backside.

Complete the information below and return the completed white copy <u>by November 1, 2003</u>.
If you have questions, call Free # 1-866-397-0337.

Return to:
Department of Health
Washington State Immunization Program
NewMarket Industrial Center, Building 1
PO Box 47843
Olympia, WA 98504-7843
Toll Free FAX 1-866-630-2691

<u>NOTE</u>: This form is **ONLY** for school-aged students (K-12) enrolled in school on the date the report is prepared.

- **PART A: ALL SCHOOLS - PLEASE COMPLETE**

School Name: _____

Mailing Address: _____

City, State, Zip: _____

County: _____

District: _____

Grades at this school From: _____To: _____

Completed by: _____

Phone: _____

Do you track student immunizations on a computer system? _____

System name: _____

Check all that apply:

____ New school
____ Name change   (previous name_____)
____ Closed
____ Inactive/temporary closure

Check all that apply:

____ No immunization records kept on site/students accounted
       for on report for their school of registry
____ Juvenile detention center/Residential treatment

- **PART B: ALL SCHOOLS - PLEASE COMPLETE**

NUMBER OF STUDENTS ENROLLED	TOTAL NUMBER OF STUDENTS EXEMPT	NUMBER OF STUDENTS EXEMPT BY CATEGORY			ENTER TOTAL NUMBER OF STUDENTS EXEMPT FOR EACH VACCINE						
		Medical	**Personal**	**Religious**	**DTaP/DT/Td**	**Polio**	**Measles**		**Mumps**	**Rubella**	**Hep B**
	4	1	2	3	A	B	C #1	C #2	D	E	F

Box 4 = 1 + 2 + 3   Total of A + B + C#1 + C#2 + D + E + F must be equal to or greater than box 4

- **PART C: PLEASE COMPLETE ONLY FOR ENTRY LEVEL (KINDERGARTEN <u>OR</u> FIRST GRADE) AND 6TH GRADE.**

GRADE LEVEL	SECTION 1 ENROLLMENT	SECTION 2 IMMUNIZATION STATUS				SECTION 3 ENTER THE TOTAL NUMBER OF STUDENTS WHOSE STATUS IS EXEMPT, CONDITIONAL OR OUT OF COMPLIANCE FOR EACH VACCINE.						
	NUMBER OF STUDENTS ENROLLED	NUMBER COMPLETE	NUMBER EXEMPT	NUMBER CONDITIONAL	NUMBER OUT OF COMPLIANCE	DTaP/ DT/Td	Polio	Measles		Mumps	Rubella	Hep B
ENTRY LEVEL ONLY	5	1	2	3	4	A	B	C #1	C #2	D	E	F
6TH GRADE ONLY	5	1	2	3	4	A	B	C #1	C #2	D	E	F

Box 5 = 1 + 2 + 3 + 4   Total of A + B + C#1 + C#2 + D + E + F must be equal to or greater than boxes 2 + 3 + 4

<u>DISTRIBUTION</u>:
White: Washington State DOH Immunization Program
Yellow   Your local health Department
Pink   Your files

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EXPLANATIONS

● **PART A- This section is to be completed by ALL schools.**

SCHOOL — Name of the school for which this form is being completed. Normally this will be the school whose name is preprinted on the form. If you copy a preprinted form for use by another school, please mark out the preprinted name. Indicate if there is a school name change from the previous year.

● **PART B- This section is to be completed by ALL schools.**

TOTAL NUMBER ENROLLED — Total number of students in all grades in this school on the day this report is prepared.

TOTAL NUMBER STUDENTS EXEMPT — Total number of students in all grades with signed exemptions on their Certificate of Immunization Status (CIS) forms. Each one of these exemptions must be classified in the next section as being either medical, personal or religious. Each exemption must then be detailed by the vaccine for which the exemption was made.

NUMBER OF STUDENTS EXEMPT
BY CATEGORY
    MEDICAL — Number of students with a signed medical exemption on his/her CIS form.
    PERSONAL — Number of students with a signed personal exemption on his/her CIS form.
    RELIGIOUS — Number of students with a signed religious exemption on his/her CIS form.

NUMBER OF STUDENTS EXEMPT
    FOR EACH VACCINE — Number of students according to which vaccine(s) they are exempt. A student must be counted for each vaccine series not completed for which an exemption has been signed.

● **PART C - This section is to be completed ONLY for entry level (kindergarten OR first grade) and 6th grade students.**

SECTION 1: Enter the number of students enrolled for entry level and 6TH grade at the school on the date the report is prepared.

SECTION 2: All entry level and 6TH grade students must be accounted for in one of the four following Immunization Status Categories. The sum of all the categories in SECTION 2 must equal the number given in SECTION 1. (complete + exempt + conditional + out of compliance = number of students enrolled).

1.) NUMBER COMPLETE — Number of students who have presented a signed CIS form showing sufficient immunization dates to meet the schedule listed below.

2.) NUMBER EXEMPT — Number of students who have presented a signed CIS form certifying that he/she is exempt for any or all vaccines for medical, religious or personal reasons.

3.) NUMBER CONDITIONAL — Number of students who have presented a signed CIS form with proof of initiation or continuation of a schedule of immunizations, but who do not meet the requirements, since additional doses are needed. Determine what doses are needed. Request documentation as additional doses are received.

4.) NUMBER OUT OF COMPLIANCE — Number of students whose immunization status is not complete, exempt or conditional. A student is considered out of compliance if he/she has not presented a signed, completed CIS form. Out of compliance students should be excluded from school until they meet the requirements.

SECTION 3: For those students indicated in SECTION 2 as being exempt, conditional or out of compliance (see above for definitions), please tally the specific immunization totals and enter them in the appropriate boxes in SECTION 3.

Please refer to the attached minimum vaccines required for school attendance.

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